

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes X No

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

	COMMITTEE INFORMATION			
1 Full Name of Committee (as on Statement of Organ	check if this is a new	пате /		
JASON MEYER FOR	FISHERS TOWN	1 Cour	1616	
2. Acronym or Abbreviated Name (If any)		3. Committee T	eleptione Number	
		(3/7)	407-375	8
4. Mailing Address (address where all campaign finar	nce correspondence is received)	theck if this is a ne	w address	
11429 T DLEWOOD 2	PUIE			
5. City, Stale, ZIP Code			on (il applicable)	
	038		BLICAN	
CANDIDAT	E INFORMATION (For Candidate's C	_		
7. Full Name of Candidate (include any nickname)		8. Party Affiliati	on or if independent	Candidate
	YER	KEPU	BLICAN	
9. Office Sought (Include district number, if any. Not a		10. County of F	Residence	
	NCIL - DISTRICT	HAMI	170N	
TYPE	OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:	_		Check one:	
Pre-Primary Pre-Election Annual Nomination	on Uniter		_ Pre-Conve	
Final/Disbands Committee (lines 18, 19, and 20 must be '0')	Outgoing Treasurer (within 10 days amend Statement	of Organization)	Post-Conv	ention
12. Reporting Period:	1 0		COLUMN A	COLUMN B
From: JANUARY 1, 2011	Through: APRIL 8, 2011		This Period	Year to Date
13. Cash on hand and investments at the beginning of			0.00	
14. Cash on hand and investments January 1, curren				0.00
CONTRIBUTIONS (Note: these amounts include in-kind contributions ar	· · · · · · · · · · · · · · · · · · ·	•		
15a. Itemized (use Schedule A)	TO TOBITS, as Well as Cash Commoditions.)		3302.57	3,302.57
15b. Unitemized			19/1 00	1.846.00
15c. Add lines 15a and 15b in both columns	SUR	TOTAL	140 67	E 148 57
16. Add lines 13 and 15c in Column A and lines 14 a			1118 00	3.770.57
EXPEND		TOTAL	148.57	3,/94.3/
			+	
(Note: These amounts include in-kind expenditures a 17a. Itemized (use Schedule B) (Public Question: us			1 - 2 - 6	4028.55
17b. Unitemized	e surreune Cy		021.55	20100
17c. Add lines 17a and 17b in both columns	Cill	BTOTAL 4	(290 3/	1/190 31/
			8/8 22	7210.37
18. Cash on hand and investments at close of this reporting	<u>-</u>	TOTAL	868.23	846.43
19. Debis OWED BY the committee (use Schedule L			0.00	
20. Debts OWED TO the committee (use Schedule E	=) 		0,00	
	CERTIFICATION		U des	OR OFFICE NEE ONLY
	IE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE. CORRECT AN	ID COMPLETE.	4 3 1 3 4 2 9 g g
	Title	Dale	12-165:2	
	TREASURER	100	7. (16.3) · 2/1	2011 AP 13 PM
		Dale 4	1/12/11	* ****
	copied for sale or used for any commercial purpose	e (IC 3.9.4 5) A perso	on Who knowingly	
	13) A person who tails to file a complete or accult-1-14), and may be subject to civil penalties. I/C 3			



REPORT OF RECEIPTS AND EXPENDITURES

OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 158 of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contribution, within a calendar year MUST be Itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, relunds, rebates, returns of deposit, proceeds from sales, interest or other Income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUM	ИBER	
Page	of	_2	

		:	<u> </u>	
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMNE	DATE RECEIVED
(street, number, city, state, ZIP code)	ON OTHER REGERY	PERIOD	YEAR-TO-DATE	RECEIVED BY
EILEEN PRITCHARD	Contributions:			1. 7
	In-Kind (describe)	250.00	250.00	2 11/ 11
11128 ROCKINGHAM CR.		250,00	450.00	3-14-11
FISHERS, IN 46037	Other Receipts:		,	JASON
	Misc. (specify)			× , ,
Contributor's Occupation (if required)				MEYER
2 · · · · · · · · · · · · · · · · · · ·	Contributions:	44 - 44	1 1	
STEVE FEHRBACH	Direct In-Kind (describe)		2 1	
12199 ISLAND DRIVE	era	250.00	250.00	3-5-//
INDIANAPOLIS, IN 46256	Other Receipts:			
— ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Misc. (specity)			JASON
Contributor's Occupation (if required)				MEYER
3.	Contributions:			
DAVID GEORGE	Direct In-Kind (describe)		_	
8212 Jo ELLEN DRIVE	10 to	200.00	200.00	3-28-11
FISHERS, IN 46038	Other Receipts:			7
,	Misc. (specify)			JASON
Contributor's Occupation (if required)				MEVER
4 4 0	Contributions:			
MICHAEL RELITER	Direct In-Kind (describe)	250.60	20000	3-28-11
12916 WATER RIDGE LR.		250.00	250.00	3-70-11
McCorosvice, IN 46055	Other Receipts:			
46055	Misc (specify)			JASON
Contributor's Occupation (if required)				MEYER
5.	Contributions			
MARLIN KNOWLES, IR	Direct In-Kind (describe)	9	200 00	- 20 11
		200.00	200.00	3-28-11
7260 SHADEZAND STATION	Other Receipts:			Time
-INDIANAPOLIS, IN 46256	Misc. (specify)			JASON MEYER
Contributor's Occupation (# required)		•		MEYER
	THIS PAGE OF SCHEDULE A	\$ 1.150.00		
TOTAL OF ALL PAGES OF SCHEDULE	ON THE LAST PAGE ONLY	\$		
(Enter total on ITEN	1 15a of the Summary Sheet)	-		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be Itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, rotunds, robates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
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Page	2	of	2	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS (street, number, city, state, ZIF code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
STUART EASLEY	Contributions: Direct			
11599 RINGER ROAD	tn-Kind (describe)	1,000.00	1,000.00	3-28-11
FISHERS, IN 46040	Other Receipts: Interest Loan Misc. (specify)			JASON MEYER
Contributor's Occupation (# required) 40 VISOR	- Aller Tapectry)			MEYER
2	Contributions:			·
KEVIN CLAUSEN	In-Kind (describe)	200.00	200.00	3-24-11
10816 THRNE GROVE	Other Receipts:			
FISHERS, IN 46037	Misc. (specify)			TASON
Contributor's Occupation (if required)				MEYER
3.	Contributions: Direct In-Kind (describe)	_		
	Other Descriptor	·		
	Other Receipts:			
Contributor's Occupation (Il required)	Misc. (specify)	·	, ,	
4	Contributions:			
	Direct In-Kind (describe)			
· ·	Olive Describe	· .		
	Other Receipts:			
Contributor's Occupation (# required)	Misc. (specify)			
5.	Contributions:			
	Oirect .			
	In-Kind (describe)			
	Other Receipts:			
	Misc (specify)			
Contributor's Occupation (If required)		•		
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 1,200,00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Electron Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totated on ITEM 15g of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, returns, returns, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	Enter total on ITE	M 15a of the Summary Sheet)	I		



(CFA-4 SCHEDULE A-3) **CONTRIBUTIONS BY** LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page		_ at	

<u> </u>				<u> </u>
CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMNA	COLUMN B	DATE
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)		-	
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Mixc. (specify)			
J	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts Interest Loan Miso. (specify)			
5.	Contributions: Direct In-Kind (describe)	A		
	Other Recoipts. Interest Loan Misc. (specify)			
	L THIS PAGE OF SCHEDULE A	s 0.00		
TOTAL OF ALL PAGES OF SCHEDUL (Enter total on IT	EA ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15s of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees). All transfers-in and in-kind contributions renardless of amount from political action committees MUST be Itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, relunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R	
Page _	/	of	/	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
HOME PAC P.O. BOX 44670	Contributions: Direct in-Kind (describe)	250.00	250.00	3-28-//
INDIANAPOLIS, IN46244	(Qther Receipta: ☐ Interest ☐ Loan ☐ Miac. (specify)			JASON MEYER
FRIENDS OF FISHERS PAC 11128 ROCKINGHAM CIRCLE FISHERS IN 46037	Gent/ibutions: Direct in-kind (describe) Other Roccipts:	50.00	56.00	3-4-11
The second secon	Interest Loan Loan Misc. (specify)	or see a seed		MEVER
FRIENDS OF FISHERS PAC 11128 ROCKINGHAM CIRCLE	Contributions: Direct In-Kind (describe)			3-28-//
FISHERS, IN 46037	Other Receipts: Interest Loan Misc (specify)	300.00	300.00	JASON MEYER
FRIENDS OF FISHERS PAC 11128 ROCKINGHAM CIRCLE	T-SALATS_	352.57	352.57	3-30-11
FISHERS, IN 46037	Other Receipte: Interest Loan Misc. (specify)			JASON MEVER
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
SUBTOTAL	THIS PAGE OF SCHEDULE A	5 952.57		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M.15a of the Summary Sheet)	\$		



(CFA-4 SCHEDULE A-5) **CONTRIBUTIONS BY** OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL, ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts joilated on ITEM 15g of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions requiredless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, retunds, rebates, returns of deposit, proceeds from sales, inderest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page_		_ of		

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIP!	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code) 1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	
	(Other Receipts: Interest Loan Misc. (specify)			
2 Company of the second of the	Contributions: Direct In-Kind (describe)			
	Cither Receipts Interest Loan Miso. (specify)	1	* · · · · · · · · · · · · · · · · · · ·	
3.	Contributions: Direct In-Kind (describe)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
5.	A 1.2 P			
	Other Receipts: Interest Loan Misc. (specify)			
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TOTAL OF ALL PAGES OF SCHEDU (Enter total on	LE A ON THE LAST PAGE ONLY TEM 15a of the Summary Sheet)	\$ 0.00 \$3,302.57		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as trensfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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	Marine Commence of the second			age	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (no specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN E CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
VISTA PRINTING 95 HAYDEN AVE. LIXINGTON, MA 02421	PRINTER	Direct In-Kind Paymant of Debt Returned Contribution Other	84.96	84.96	2-23-1/
VISTA PRINTING SS HAYDEN AVE. LEXINGTON, MA 024	PRINTER	Direct In-Kind Payarent of Debt Returned Contribution Office Purpose:	95.53	95.53	3-14-11
SAM'S CLUB 7235 E. 96 TO ST. INDIANAPOLIS, IN 46;	RETAILER	Direct In-Kind Payment of Dobt Returned Contribution Other Purpose:	104.34	104.36	2-26-//
SAM'S CLUB 7235 E. 96 TH ST. TNDMNAPOLIS IN 41	RETAILER	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	44.00	44.00	3-1-1/
HAR COURT INDUST P.O. BOX 128 MILROY IN 46156	PRINTER/SIGN RIES CRAFTER	Direct In-Kind Payment of Dobt Returned Contribution Other Purpose:	149.83	149.83	2-28-11
HARCOURT INDUSTRIE P.O. BOX 128 MURROY IN 46156	PRINTER/SILN	Direct In-Kind Payment of Debt Returned Contribution Other	2,064.74	2,064.74	3-11-11
ROYALS VARSITY CLUB 13910 E. 126TH ST. FISHERS, IN 46038	School Now-FOZ- PROFIT	Direct In-Kind Polyment of Debt Returned Contribution Other Purpose.	240.00	240.00	2-26-11
	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of	E LAST PAGE ONLY	5 2788.42 \$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4505 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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Page _	2	_ of	2	

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMB A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
(OFFICE SOUGHT (if applicable)	PURPOSE (he specific)	Perioo	YEAR-TO-DATE	EXPENDITURE
NSE FOUNDATION 13485 CHREEKAND R. FISHERS, IN 4605	40	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	/25.00	/25.00	2-26-11
FRICHES OF FISHERS A 11128 ROCKWGHAM CR FISHERS, IN 46037	AC CANIDATES	Direct In-Kind Payment of Dobt Returned Contribution Officer Purpose:	50.00	50.00	3-4-11
STONE CREEK 13901 TOWN CENTER # 900 NORLEEVILLE, IN4		Direct In-Kind Payment of Dubt Returned Contribution Other Purpose:	149.81	149.81	3-12-11
FRIENDS OF FISHERS PA 11128 ROCKINGHAM CR. FISHERS, IN 46037	CANIDATES	Direct In-Kind Poynteed of Debt Returned Contribution Other Purpose:	3∞.∞	300.00	3-28-11
FISHERS TOUR OF PISHERS TOUR CREEKS TO GLOST	CANIDATES	Direct In-Kind Payment of Debt Returned Contribution Other Furpose:	352.57	352.57	3-30-11
SAM'S CL 48 7235 E. 96TH ST. TNOMNAPOLIS IN 467	RETAILER	Direct In-Kind Peyment of Debt Returned Contribution Other Fungase:	67.75	67.75	3-17-11
KEVIN CLAUSEN 10816 THANE GROWN FISHERS, IN 4603	FINANCIAL ADVISOR	Direct In-Kind Payment of Dobt Returned Contribution Other	200.00	200.00	3-24-11
TOTAL OF ALL P.	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of	E LAST PAGE ONLY	\$1,245.13 \$4,028.55		,



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4806 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUM	BER
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	PUBLIC QUESTIC	NINFORMATION			
Enter Text of Public Question					•
	Local				
Position: Supported Oppo	sed	SUPE OF CUPTING THE		DOLUMN D	!
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	Type of expenditure and purpose (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		☐ Direct ☐ In-Kind	: I		
		Payment of Debt Returned Contribution			
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Code		Direct In-Kind			
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Code		Direct In-Kind			
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		GE OF SCHEDULE C	\$		
TOTAL OF ALL PAG	ES OF SCHEDULE C ON THE (Enter total on ITEM 17a of		\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the prount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of all least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUMBE	R
Page	1	of	

CREDITOR'S OR LENDER'S NAME & MAILING ADORESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	DUTSTANDING BALANCE THIS PERIOD
LENDER'S OCCUPATION:				- - -	
LENDER'S OCCUPATION:	per la companya de la				
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TENDER & OCCUPATION					. 1 / 1 / 2
FRIDER'S OCCUPATION		SUBTOTA	L THIS PAGE 0	F SCHEDULE D	3 0 00
SUBTOTAL THIS PAGE OF SCHEDULE D TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$ 0.00



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount.</u>

OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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Page		_ of		

BORROWER'S NAME 8 MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MALING ADDRESS (if any) (street, number, city, state, ZIP cade)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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			L THIS PAGE OF		\$ 0.00
	TOTAL OF A	ALL PAGES OF SCHEDUL	.E E ON THE LAS IT <u>EM 20 of the</u> S		\$ 8.00